

ESTATES OF AUBURNDALE HOMEOWNERS ASSOCIATION, INC.

ARCHITECTURAL REVIEW APPLICATION

This is a request form to be completed by the homeowner and submitted to the Architectural Review Board (ARB) before any work commences. Please refer to your Declaration for a description of the ARB and its purpose.

Please allow thirty (30) days from the time we receive your submission for the results of this review.

This section to be completed by homeowner (Please Print!)

•Association Name: _____

•Date of Request: _____

•Owner / Property Information:

 Owner Name: _____

 Lot # / Unit # / Phase #: _____

 Property Address: _____

 Mailing Address: _____

 Phone #'s: _____

 Email _____

Home Owner's Signature _____

•Description of Proposed Changes/Additions: (please check one)

Fencing Pool Addition Landscaping Other (describe below)

Attach a copy of a plot plan or survey showing where the addition such as a fence, porch, etc. is to be located. All materials, dimensions and finishes must be described in detail and color samples must be attached for any paint or other finishes. All requests must conform to the local zoning and building regulations and you must obtain all necessary permits if your request is approved by the Architectural Review Board.

This section to be completed by Architectural Review Board

Denied (see notes below)

Approved as Submitted

Approved with Required Changes (see notes below or on attached plans, drawings or survey)

•Review Notes/Comments:

All approvals are subject to the following:

- A. Property owner must obtain any necessary permits.
- B. Property owner must accept liability for damage to common areas or other property.
- C. Property owner must accept liability for encroachment on or damage to any easements.
- D. All work must be completed within 90 days of the date of this signed approval.
- E. Owner must continue to maintain property during construction

Architectural Review Board Signature / Date

Architectural Review Board Signature / Date

Architectural Review Board Signature / Date

Architectural Review Board Signature / Date

Please return form to:

Artemis Lifestyle Services
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